

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name	Laborers' Local Union #383
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Labor Organization File Number 030-387

P.O. Box, Building and Room Number, if any

Street 512 W. Adams

Street 512 W. Adams

City Phoenix

City Phoenix

State Arizona ZIP Code + 4 85003-1609

State **Arizona** ZIP Code + 4 **85003-1609**

5. Position in labor organization.

President

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

7.a. Nature of Interest, Transaction, or Income.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date _____

Telephone Number